

## California and Western Medicine

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**CALIFORNIA MEDICAL ASSOCIATION**

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**Responsibility for Statements and Conclusions in Original Articles.**—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

**Contributions—Exclusive Publication.**—Articles are accepted for publication on condition that they are contributed solely to this journal.

**Leaflet Regarding Rules of Publication.**—California and Western Medicine has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this journal write to its office requesting a copy of this leaflet.

## EDITORIALS\*

### ON SOME CALIFORNIA MEDICAL ASSOCIATION INTERNAL ADMINISTRATION PROBLEMS

*Papers for the Next Annual Session.*—These vacation months offer good opportunities in which to think over prospective papers for the 1932 annual session of the California Medical Association. With fewer society and staff meetings, there is greater chance for quiet thinking and study. Applications for places on section programs should be made at an early day to the section chairmen or secretaries, whose names and addresses may always be found on advertising page four of every issue of CALIFORNIA AND WESTERN MEDICINE. The section officers will welcome early applications.

The California Medical Association maintains the following twelve sections: Anesthesiology, Dermatology and Syphilology; Eye, Ear, Nose and Throat; General Medicine; General Surgery; Industrial Medicine and Surgery; Neuropsychiatry, Obstetrics and Gynecology; Pathology and Bacteriology; Pediatrics; Radiology (including Roentgenology and Radium Therapy); Urology. In addition, at next year's annual session a section on medical economics will probably be instituted. As soon as the Council appoints the

acting officers of that section their names will also be printed in the section roster.

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*Annual Clinical and Research Prize Papers.*—In the list of standing committees which is printed on advertising page two of every number of CALIFORNIA AND WESTERN MEDICINE, is a footnote concerning the prizes which are annually offered by the California Medical Association for the two best papers on clinical or research topics. In addition to the cash prize of one hundred and fifty dollars, a certificate of award is given. In many eastern states such prize offers would in all probability bring into being considerable competition. The officers of the Association hope that less diffidence will be displayed in next year's California Medical Association competition than has been evidenced during the last two or three years. Under certain conditions, papers may be read at scientific sections and still be submitted for prize registration and consideration. The names of all contestants are held confidential, publicity being given only to prize winners or honorable mention contestants. Application to the Association Secretary will bring complete information.

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*The CALIFORNIA AND WESTERN MEDICINE Leaflet, "Suggestions to Authors."*—All members of the California Medical Association who contemplate writing papers for the state or a county medical society, and who have not received a copy of the CALIFORNIA AND WESTERN MEDICINE leaflet, "Suggestions to Authors," should write to the central office of the Association for a copy of the same. This leaflet, originally compiled by the former editor of CALIFORNIA AND WESTERN MEDICINE, the late Dr. Wm. E. Musgrave, and a revised edition of which was brought off the press in May of this year, contains many suggestions worthy of perusal by every member who contemplates writing a paper. Such a leaflet, insofar as it presents the experiences of others, may be of real service to all who write. It may be had by any member of the California Medical Association for the asking. Write to the central office of the Association, requesting a copy. •

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*Annual Session Papers Intended for CALIFORNIA AND WESTERN MEDICINE Should Not Be Too Technical.*—The June CALIFORNIA AND WESTERN MEDICINE, page 430, contained a report showing how large a number of unpublished papers from previous years were still in the hands of the editors. An earnest effort is now being made to bring all such off the press as rapidly as possible. This over-plus of material has come to the official journal because of the larger number of scientific sections in the Association and because some of the sections have had a considerable larger number of papers than other sections. This year it has been necessary for the Committee on Publications to return to a number of speakers at the San Francisco annual session the papers which

\* Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Medicine Today column which follows.

were there read, with the suggestion that they be submitted to medical journals of a more technical nature than CALIFORNIA AND WESTERN MEDICINE. On this point it may be permissible to quote from the CALIFORNIA AND WESTERN MEDICINE leaflet:

*"Subject Matter.*—Any paper is acceptable upon any phase of the broad subject of health betterment which, by reasonable interpretation, is adjudged useful to the best interests of the medical profession and of the public. Thus, contributions upon specialties that contain matter of value to *all* physicians, regardless of limitations in practice, are acceptable, but those by specialists for specialists should be offered to appropriate special magazines. . . .

*"Reading Audience.*—It is well for authors to bear in mind, as the editor is required to do, that CALIFORNIA AND WESTERN MEDICINE is a general medical magazine. Probably more than 75 per cent of its physician readers are in general practice, and the other 25 per cent are divided between more than twenty specialties.

"Specialists, in preparing their articles for publication, should bear this fact in mind, and submit to CALIFORNIA AND WESTERN MEDICINE copy dealing with those phases of their specialty that ought to be interesting to the majority of physicians. The more limited and more highly technical articles, written primarily for an audience made up of specialists, should be submitted to special journals and not to CALIFORNIA AND WESTERN MEDICINE.

"It is extremely important for all authors to remember that our magazine is extensively read by technicians and workers in various fields of health and by some thousands of nonmedical readers, including some who are constantly looking for something that may be quoted in antisocialistic propaganda."

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*Program Committees Should Plan for the Fall Meetings.*—Sometime soon, the president and secretary of every component county medical society of the California Medical Association should hold a conference meeting with their respective program committees to discuss the scientific programs for the September to December meetings. Not only should local members who can bring messages of worth to their fellows be selected and urged to write on topics of interest, but the lecture roster of the California Medical Association as printed in CALIFORNIA AND WESTERN MEDICINE should be scanned for guest speakers and subjects. (See October, 1930, CALIFORNIA AND WESTERN MEDICINE, page 759.)

*Case Reports.*—A little special thought and preparation at this time may make a great difference in the standard of papers which will be presented this fall. Well written case reports are always of real interest and nearly always bring out good discussions.

*Revision of Constitution and By-Laws.*—The officers might also read the constitution and by-laws of their respective societies; making notations concerning seeming deficiencies. Such could be discussed at one of the fall meetings. The constitution and by-laws of the California Medical Association (copies of which may be had through the central office of the Association) contain many provisions of suggestive value, particularly so in the matter of disciplinary pro-

cedures. The text of every county society constitution and by-laws should be most explicit on such matters. Otherwise local misunderstandings or animosities may arise through hasty or improper action, with even the possibility of legal entanglements.

*Medical Economics.*—The many problems of medical economics which today confront the medical profession are most worthy of discussion. If these economic matters are not talked about it may be assumed that they are not often thought about; and if not thought about, there is danger of outsiders, laymen and others, seeking to thrust their viewpoints upon the people, largely at the expense and to the detriment of the medical profession. Organized medicine as represented by county medical societies should therefore provide for ample time and full discussion of these important economic problems. These tense economic times which all peoples are now-a-days experiencing, may be made to be good reminders to all of us to keep our feet firmly grounded in economic matters. Altruism and idealism are things which all should desire, but they should not dominate the picture. For, lest we forget, physicians and physicians' families must also have money in order to live properly.

*Social Features.*—The social gatherings which in recent years have become a real part of the meetings of many smaller county societies, are worthy of trial by county units which have not yet inaugurated such. The need for such get-together meetings is as important, yes, even more important, for our larger than for our smaller county societies, where all members constantly contact with one another. In several of these larger communities, county society sections or independent medical organizations have almost specialized on such social features at meetings. Thus there is danger of cliquishness developing in such larger county units if no effort is made to let all members have the opportunity of meeting one another. If in small communities members can meet in clubs or hotels, for suppers preceding their meetings, it should be possible for the same plan to be instituted in the larger county societies. All that is necessary is attention to details in arranging such informal suppers at modest price, sending out the proper notices and of presenting diversified and live programs. If the scientific programs have medical and economic topics interspersed, the discussions are apt to be both general and good. It is hoped that the officer members who have these responsibilities will study their local problems in these matters and make an effort to take some of their meetings out of the dead or innocuous class. No better groundwork for concerted and unified action can be developed than that which is based on mutual understanding and kindly regard. When a medical society fails in these things, then no matter what its size or what the nature of its scientific papers, it may be said that it fails to measure up to the proper standard of efficiency so far as organized medicine is concerned.